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mail/messages #87, from Michael.Corbin@p0.f428.n104.z1.FIDONET., 32008 chars, 14 Apr 91 17:44:00 GMT

Received: from k30hslxsys by muse.compulink.co.uk id aa11136; 27 Apr 91 1:35 GMT
Received: from kestrel.ukc.ac.uk by bugs.specialix.co.uk
 id au18776; Thu, 25 Apr 91 22:38:33 BST\
Received: from mcsun by kestrel.Ukc.AC.UK via EUnet with authorised UUCP
        id aa04470; 25 Apr 91 22:29 BST
Received: from ns-mx.uiowa.edu by mcsun.EU.net with SMTP;
 id AA11552 (5.65a/CWI-2.83); Thu, 25 Apr 91 23:23:03 +0200
Received: from shemtaia.weeg.uiowa.edu by ns-mx.uiowa.edu (5.64/910327)
  on Thu, 25 Apr 91 16:12:46 -0500 id AA11271 with SMTP
Received: from ncar.ucar.edu by shemtaia.weeg.uiowa.edu (5.61.jnf/891218)
  on Thu, 25 Apr 91 16:12:16 -0500 id AA01328 with SMTP
Received: by ncar.ucar.EDU (5.65/ NCAR Central Post Office 04/10/90)
 id AA05991; Thu, 25 Apr 91 15:12:10 MDT
Received: by scicom.alphacdc.com (smail2.5)
 id AA06634; 25 Apr 91 13:04:29 MDT (Thu)
To: abdlist@shemtaia.weeg.uiowa.edu
Subject: Abduction Digest
Message-Id: <9104251304.AA06634@scicom.alphacdc.com>
Date: 25 Apr 91 13:04:29 MDT (Thu)
From: Abduction Moderator <abdmod@scicom.alphacdc.com>
Apparently-To: tprinn

Abduction Digest, Number 10

Thursday, April 25th 1991

Today's Topics:

Abduction Research
Abduction Research
Abduction Research
Rima Laibow
INFO: Clinical Analysis of UFO Abductions
Rima Laibow (2)
Rima Laibow (3)

From: Michael.Corbin@p0.f428.n104.z1.FIDONET.ORG (Michael Corbin)
Subject: Abduction Research
Date: 14 Apr 91 17:44:00 GMT

> > This is a very good point, however we do not have sufficient
> > data to determine what the norm is for people who might fall

> > under the Fantasy Prone. In a studies done with abduction
> > research, it was found that there were striking consistencies
> > between non-abductees and abductees in their descriptions of
> > what takes place during an abduction experience. There is
> > not enough data to answer the why of this yet, but it is
> > being studied.
> >
> > Mike
>
> Ok.. let me know what new information on this subject comes out.
>
> Regarding non-abductees and abductees, I'm sure that there would be some
> that, upon reading those abduction stories, would attempt to believe a
> fantasy that they were abductees also.
>
> However, there have been many cases where people actually denied and
> tried to hide the fact that they were being abducted.. and still were
> unbeleiving when hypnosis revealed what happened. It doesn't sound like
> a fad or someone looking for fame...

I do not deny that there is a possibility that there are abduction cases, however I feel that the time has come that we should re-evaluate our methodology and investigation practices at how we come down to researching these. I am very much against anyone performing any work on abductees without having the medical credentials for both attempting to find out what happened and for dealing with the victim following the traumatic experience. I would say that the damage done by well-meaning UFOlogists to the victims could be potentially worse after the experience than the actual experience itself.

Mike

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Michael Corbin - via FidoNet node 1:104/422
UUCP: !scicom!paranet!User_Name
INTERNET: Michael.Corbin@p0.f428.n104.z1.FIDONET.ORG

From: Tyson.Mitchiner@p2.f134.n109.z1.FIDONET.ORG (Tyson Mitchiner)
Subject: Abduction Research
Date: 17 Apr 91 23:01:07 GMT

MC> I do not deny that there is a possibility that there are
MC> abduction cases, however I feel that the time has come that we
MC> should re-evaluate our methodology and investigation practices at
MC> how we come down to researching these. I am very much against

MC> anyone performing any work on abductees without having the
MC> medical credentials for both attempting to find out what happened
MC> and for dealing with the victim following the traumatic
MC> experience. I would say that the damage done by well-meaning
MC> UFOlogists to the victims could be potentially worse after the
MC> experience than the actual experience itself.

MC> Mike

I agree with you... How do you plan to evaluate those investigation pratices?

I feel that we aren't doing enough to investigate the abduction phenomenon. It seems all the investigation is done by amateurs, etc. without a real serious investigation into the abduction phenomenon by experts (by experts I mean people who are dedicated to discovering the facts, and not jumping to conclusions or opinions).

However, it won't be easy to establish this. Maybe over time, we can sufficiently persuade the government, etc. for a serious scientific study into this.

Tyson

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Tyson Mitchiner - via FidoNet node 1:104/422
UUCP: !scicom!paranet!User_Name
INTERNET: Tyson.Mitchiner@p2.f134.n109.z1.FIDONET.ORG

From: Michael.Corbin@p0.f428.n104.z1.FIDONET.ORG (Michael Corbin)
Subject: Abduction Research
Date: 21 Apr 91 17:33:00 GMT

> I agree with you... How do you plan to evaluate those investigation
> pratices?

I would say that several steps need to be taken. Chiefly, we should get medical professionals invovled who can establish standards and controls to be used for the investigation of abductions. Despite the negative inference that credible scientific people will shy away from this subject, there are those out there with enough medical/scientific savvy to take a serious look at this aspect. Secondly, the victims of alleged abductions should be treated exactly as anyone would suffering from a traumatic stress disorder. I do not believe that abductees should be treated special as this tends to stigmatize their emotional state as it is following such trauma. Support

groups are a negative reinforcement since it amplifies the inability to explain what is going on with abductions. Vallee makes a very good point in that he does not believe that we should be reinforcing and attempting to infuse an abduction experience into the abductees' perception of reality since there is not enough data to support what in fact actually happens. As he puts it, it is like trying to force a square through a hole. How true!

> I feel that we aren't doing enough to investigate the abduction
> phenomenon.. It seems all the investigation is done by amateurs, etc.
> without a real serious investigation into the abduction phenomenon by
> experts (by experts I mean people who are dedicated to discovering the
> facts, and not jumping to conclusions or opinions).

I fully agree. However, we have an incredible amount of work to do. First, we must undo the damage that is being done right now. Qualified people looking in are not impressed at the happenings within our community. They see literally thousands of people alleging this type of encounter, and they see unqualiifed people regressing victims and the whole thing breaks down. Charges fly that the quality of the data is seriously compromised by people unqualified to do hypnosis and that the whole subject is so saturated with preconceived notions that the signal to noise ration is way off the scale. This is sad, but true. I refer to an article which appeared in an OMNI magazine some years back which was authored by Budd Hopkins and Bruce Maccabee. This article was highly suggestive and seemed to start the flood of abduction reports coming in. It surveyed people who may have been abducted by proposing symptoms of missing time, etc. The person was encouraged to fill out the questionaire and mail it in.

To get at the idea of establishing standards, I feel that one place to look would be to review the transcripts and records of Betty and Barney Hill. This could be considered to be the first abduction experience that was critically studied by a qualified medical doctor, Benjamin Simon. Simon had no preconceived ideas about abductions or UFOs. There are other things that will be useful that will come about from qualified studies. There is some very good research going on with CUFOS (J. Allen Hynek Center for UFO Studies). I understand that results and findings will be released shortly. Thomas Bullard has also done some good research work on this which can be found in the 1989 Journal for UFO Studies, published by CUFOS. I can get you a mailing address if you want to inquire further about it.

All in all, we have a responsibility to the victims first and foremost to get them qualified help. The relief from the stressful emotions should occur first with an emphasis on the actual experience coming secondarily. We also should publicly denounce unqualified investigators from having anything to do with abductees. The data should be available to the investigator, instead of the witness being available to the investigator. In this, we might get somewhere with this important study. This is not to say that should some educational program be initiated for investigators, that there could not be involvement, but until that happens, I feel that the best policy would be as I mention above.

> However, it won't be easy to establish this. Maybe over time,
> we can sufficiently persuade the government, etc. for a serious scientific
> study into this.

I advocate that we conduct all of our research within the civilian scientific/research community for the time being. We need an organized effort on a global scale. This can be achieved with our current resources if we can pool them effectively. We will just have to see.

Thanks for your post.

Mike

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Michael Corbin - via FidoNet node 1:104/422
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INTERNET: Michael.Corbin@p0.f428.n104.z1.FIDONET.ORG

From: ParaNet.Information.Service@p0.f428.n104.z1.FIDONET.ORG (sm)
Subject: Rima Laibow
Date: 20 Apr 91 07:42:00 GMT

(1773) Wed 17 Apr 91 7:51p Rcvd: Wed 17 Apr 8:40p
By: Uucp, ParaNet(sm) Information Servi (104/422)
To: Michael Corbin
Re: "Clinical Analysis of UFO Abductions" - a report

From: ked01@juts.ccc.amdahl.com (Kim DeVaughn)

[I'm sending this to the "abduct-request" address, as all attempts
to get email thru to "scicom.alphacdc.com" or "scicom" result in
bounces. Please forward if you have a working address ... Thanks!
/kim]

The attached was recently posted to the indicated USENET newsgroups.

I thought it might be worth including in a future Abduction Digest, but as the poster says ... it is not "light reading".

/kim /\oo__

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UUCP: kim@lust.pswd.amdahl.com -OR- ked01@juts.ccc.amdahl.com

DDD: 408-746-8462
USPS: Amdahl Corp. M/S 249, 1250 E. Arques Av, Sunnyvale, CA 94086
BIX: kdevaughn GEnie: K.DEVAUGHN CIS: 76535,25

vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv

From: dona@bilver.uucp (Don Allen)
Newsgroups: alt.alien.visitors,alt.conspiracy
Subject: INFO: Clinical Analysis of UFO Abductions
Date: 10 Apr 91 02:02:45 GMT
Organization: W. J. Vermillion - Winter Park, FL

What follows is a report given on the Psychiatry and evaluation of UFO abducted victims by RIMA E. LAIBOW, M.D. This report is not considered "light" reading.

As usual, my *disclaimer* will be to read and make up your own mind :-)

------ Begin Included Text ----------

RIMA E. LAIBOW, M.D.
Child and Adult Psychiatry

Cerridwen
13 Summit Terrace
Dobbs' Ferry, NY 10522
(914)693-3081

CLINICAL DISCREPANCIES BETWEEN EXPECTED AND OBSERVED DATA IN PATIENTS REPORTING UFO ABDUCTIONS: IMPLICATIONS FOR TREATMENT

ABSTRACT:
IT SHOULD BE NOTED THAT THIS PAPER MAKES NO ATTEMPT TO ASSIGN OR WITHHOLD EXTERNAL VALIDITY RELATIVE TO UFO ABDUCTION SCENARIOS.

Patients who believe themselves to be UFO abductees are a heterogeneous group widely dispersed along demographic and cultural lines. Careful examination of these patients and their abduction reports presents four areas of significant discrepancy between expected and observed data.

Implications for the treatment of patients presenting UFO abduction scenarios are discussed.

INTRODUCTION

If a patient were to confide to a therapist that he had been abducted by aliens who took him aboard a UFO and performed a series of medical procedures and examinations on him it is not likely that the patient would

find either a receptive ear or a respectful and non-judgemental response from the therapist. The material presented would lie so far outside the confines of our personal and cultural belief system that it would seem intolerably anomalous to most of us. We would probably dismiss or repudiate it using a few comfortable and familiar assumptions which hold so much obvious wisdom that they do not require specific examination.

When events which are too anomalous to allow their incorporation into our world schema are presented to us, we are likely to dismiss them by using assumptions based in out currently operative world view. This effectively precludes the open evaluation of the anomaly. Hence, the "expressible" response of most clinical and lay individuals upon hearing a UFO abduction account would be an immediate dismissal of even the possibility that such an episode might occur. Close upon the heels of that determination the rapid and complete pathologization of the person offering such an account would follow. Dream states, suggestibility, poor reality testing, outright dissembling or frank psychosis are customarily offered and accepted as evident and reasonable organizing models by which the production of this material may be understood. These are typical maneuvers by which the presentation of information which challenges schematic assumptions is dismissed or screened out before the assumptions can be adequately tested for predictive reliability and accuracy. Such testing is highly desirable, however, because it offers us the opportunity to apply the scientific method to our current level of theorital sophistication and thereby refine our understanding of reality further still. Of course, this process is severely impeded when the new data is excluded from consideration strictly because it is too anomalous for assessment.

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From: ParaNet.Information.Service@p0.f428.n104.z1.FIDONET.ORG (sm)
Subject: Rima Laibow (2)
Date: 20 Apr 91 07:43:00 GMT

<<Continued from previous message>>

Westrum has offered a model by which events become "hidden" and therefore remain anomalous to the perception of society in a circular process: the hidden event is disbelieved and its disbelief helps to keep it hidden. Citing the lengthy period during which battered children and their

battering parents remained hidden, Westrum states:

> "An event is hidden if its occurrence is so implausible that those who observe it hesitate to report it because they do not expect to be believed. The implausibility may cause the observer to doubt his own perceptions, leading to the event's denial or mis identification. Should the observer nonetheless make a report, he/she can expect to be treated with incredulity or even ridicule. Since the existence of a hidden event is contrary to what science, society, and perhaps even the observer believes, the event remains hidden because of strong social forces which interfere with reporting. The actual degree of underreporting is sometimes difficult to believe, a skepticism which itself acts as a deterrent to taking seriously those reports which do surface." (1)

But for the clinician who spends a moment before reaching these "obvious" and "intuitive" conclusions, several fascinating and potentially productive questions present themselves. If we refrain for a short period from dismissing this material out-of-hand, we find that there are at least four areas of puzzling and important discrepancy between our intuitive sense of order and the data presented by the patient. These discrepancies force us to re-examine our assumptions in light of a demonstrated failure of the theory to account for the observed phenomena. This process, while taxing and challenging, is nonetheless, the way we systemize our understanding of human health and pathology. Noting the previously un-noted and using it to refine our conceptual framework leads to better prediction and therefore to better treatment.

It is not the purpose of this paper to ascribe relative reality to the experience of abduction reported by some patients. Rather, precisely because it lies outside the realm of clinical expertise to assess with certainty whether these events actually occurred or if they are mere fantasy, it is mandatory for the clinician to examine the impact of these experiences, whatever their source, upon the patient. This must be done in a clear sighted and open-minded fashion so that the impact of the experiences may be dealt with rather than made into hidden events.

AREAS OF DISCREPANCY

1. ABSENCE OF MAJOR PSYCHOPATHOLOGY: It is intuitively seductive (and perhaps comfortable) for us to assume that psychotic-level functioning will necessarily be present in a person claiming to be a UFO abductee. If this level of distortion and delusion is present, a patient would be expected to demonstrate some other evidence of reality distortion. Pathology of this magnitude would not be predicted to be present in a well integrated, mature and non-psychotic individual. Instead, we would expect clinical and psychometric tools to reveal serious problems in numerous areas

both inter- and interpersonally. It would be highly surprising if otherwise well-functioning persons were to demonstrate a single area of floridly psychotic distortion. Further, if this single idea fix were totally circumscribed, non-invasive and discrete, that in itself would be highly anomalous. Well-developed, fixed delusional states with numerous elaborated and sequential components are not seen in otherwise healthy individuals. Prominent evidence of deep dysfunction would be expected to pervade many areas of the patient's life. One would predict that if the abduction experience were the product of delusional or other psychotic states, it would be possible to detect such evidence through the clinical and psychometric tools available to us.

This points to the first important discrepancy: individuals claiming alien abduction frequently show no evidence of past or present psychosis, delusional thinking, reality-testing deficits, hallucinations or other significant psychopathology despite extensive clinical evaluation. Instead, there is a conspicuous absence of psychopathology of the magnitude necessary to account for the production of floridly delusional and presumably psychotic material.(2)

In order to test this startling and anomalous information, a group of subjects who believe they have been abducted by aliens (9, 5 male, 4 female) were asked to participate in a psychometric evaluation. An experienced clinical psychologist carried out an investigation using projection tests (Rorschach, TAT, Draw a Person and the MMPI) and the Wechler Adult Intelligence Scale. The examining clinician was told "the subjects were being evaluated to determine similarities and differences in personality structure, as well as psychological strengths and weaknesses". All of the subjects actively refrained from sharing UFO-related experiences with the examiner and she was unaware of this theme in their lives.

The investigator found that commonalties were not strongly present and that:

> "while the subjects are quite heterogeneous in their personality styles, there is a modicum of homogeneity in several respects: (1) relatively high intelligence with concomitant richness of inner life; (2) relative weakness in the sense of identity, especially sexual identity; (3) concomitant vulnerability in the inter-personal realm; (4) a certain orientation towards alertness which is manifest alternately in a certain perceptual sophistication and awareness or in inter-personal hyper-vigilance and caution.... Perhaps the most obvious and prominent impression left by the nine subjects is the range of personality styles the present.... There is little to unite them as a group from the standpoint of the overt manifestations of their personalities.... They [are] very distinctive unusual and interesting subjects. [But] "Along with above average intelligence, richness in mental life,

and indications of narcissistic identity disturbance, the nine subjects also share some degree of impairment in personal relationships. For [some] subjects, problems in intimacy are manifest more in great sensitivity to injury and loss than in lack of intimacy and relatedness. [Ad] "...The last salient dimension of impairment in the interpersonal realm relates to a certain mildly paranoid and disturbing streak in many of the subjects, which renders them very wary and cautious about involving themselves with others. It is significant that all but one of the subjects had modest elevations on the MMPI paranoia scale relative to their other scores. Such modest elevations mean that we are not dealing with blatant paranoid symptomology but rather over-sensitivity, defensiveness and fear of criticism and susceptibility to feeling pressured. To summarize, while this is a heterogeneous group in terms of overt personality style, it can be said that most of its members share being rather unusual and very interesting. They also share brighter than average intelligence and a certain richness of inner life that can operate favorably in terms of creativity or disadvantageously to the extent that it can be overwhelming. Shared underlying emotional factors include a degree of identity disturbance, some deficits in the interpersonal sphere, and generally mild paranoia phenomena (hypersensitivity, wariness, etc.)" (3)

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From: ParaNet.Information.Service@p0.f428.n104.z1.FIDONET.ORG (sm)
Subject: Rima Laibow (3)
Date: 20 Apr 91 07:43:00 GMT

<<<Continued from previous message>>>

Her findings demonstrate a uniform lack of the significant psychopathology which would be necessary to account for these experiences if abduction experiences do represent the psychotic or delusional states

predicted by current theory.

When the examiner was informed of the true reason for the selection of the subjects for this evaluation (i.e., their shared belief that they had been exposed to alien abductions), she wrote an addendum to the original report re-examining the findings of the testing in the light of the new data. In it she states:

> "The first and most critical question is whether our subjects' reported experiences could be accounted for strictly on the basis of psychopathy, i.e., mental disorder. The answer is a firm no. In broad terms, if the reported abductions were confabulated fantasy productions, based on what we know about psychological disorders, they could only have come from pathological liars, paranoid schizophrenics, and severely disturbed and extraordinarily rare hysteroid characters subject to fugue states and/or multiple personality shifts... It is important to note that not one of the subjects, based on test data, falls into any of these categories. Therefore, while testing can do nothing to prove the veracity of the UFO abduction reports, one can conclude that the test findings are not inconsistent with the possibility that reported UFO abductions have, in fact, occurred. In other words, there is no apparent psychological explanation for their reports." (4)

2. CONCORDANCE OF REPORTED DATA: The second point of intriguing discrepancy follows from this surprising absence of evidence of a common thread of severe and reality-distorting psychopathology to account for the patient's bizarre assertions. They claim that they have been abducted, sometimes repeatedly over nearly the whole course of their lives, by aliens who have communicated with them and carried out procedures much like medical examinations. Persons reporting these experiences are seen to be psycho-dynamically varied. They are also demographically varied. Reports of this basic scenario, numbering in the hundreds, have now been recorded. Even though the reporters range from individuals as diverse as a mestizo Brazilian farmer(5),an American corporate lawyer (6), and a Mid-Western minister(7), there is a perplexing and intriguing concordance of features in these reports. Certain details of the scenarios repeat themselves with disturbing regularity no matter what the educational, national, social, experiential or other demographic characteristics of the reporter. In the production of dreams, reveries, poetry, fantasies and psychotic states, while the general themes of concern may be identified easily between individuals, the specific symbolization, concretion, abstraction and representation of those themes is relatively indiosyncratic for each individual. This of course necessitates careful empathic and attentive listening on the clinician's part to gather both the general flavor and specific meaning of the elements of the fantasy state. This careful listening often means that a personal symbolic representational system can be unraveled and its contents can be rendered less mysterious to the patient. In the abduction scenarios however, both specific

details and themes repeat themselves with surprising regularity: In general, the appearance and modus operandi of the aliens, their effect and procedures, their tools and interests, their crafts and physical features all tally from report to report with a high rate of concordance. (8,9,10) This intriguing fact seems impervious to the socio-economic, educational, national, or cultural background of the abductee. Similarly, whether the individual has had previous contact with the literature of abduction seems to make little difference in this vein since the reports of individuals who can be shown to have had no exposure to abduction literature also contains these common features. Skilled practitioners and investigators report in these cases that they are convinced that each of these subjects was being wholly truthful in his/her report.

The concordance of both content and event in these reports makes them unlike any other fantasy-generated material with which I am familiar. Indeed, investigators like Hopkins and others claim they have intentionally withheld dissemination of certain important, frequently reported aspects of the abduction scenarios in order to provide a "check" on the material being presented to them by individuals who may have had access to this literature since abductees may have been influenced at either the conscious or the unconscious level by it. In these cases as well, the features which have previously been published as well as those withheld are both produced by the abductee (11). In instances in which the patient has read some of the abductee literature, this previously withheld material may be offered to the investigator with a sense of personal invalidation, apology and embarrassment. He often expresses concern that this information is less likely to be believed than the other material with which he is already familiar. (12)

Jung and others have written widely about the use of archetypes and the collective awareness of themes and images which are asserted to present themselves in a world-wide and multi-personal way. The amount of individual variation and creative latitude demonstrated within the closed system of archetypes and collected creativity is vast. Those who pose such universals detect their presence in the complex and highly idiosyncratic presentations and guises which they are given by the unconscious mind of the patient and the artist. This disguise is idiosyncratic, they hold, precisely because a set of available images is being used to work and rework the personal realities of the individual against the background of the collective. But the abductee does not seem to be involved in the reworking of personal mythologies against the canvas of the race's mythology. The details and contents of the scenarios seem, upon extensive investigation, to bear little thematic relevance to the issues inherent in the life of the abductee. Intensive follow up investigation frequently yields no thematic, archetypical, primary process symbolic meaning to the shape or activities of the abductors and the scenario of the abduction itself. Instead, therapeutic work in these cases centers around the issues inherent in the powerlessness and vulnerability of the individual even is this were not a prominent theme in his life before the putative abduction. In other words, the customary richness of association and creativity found in the examination of dreams and other fantasy material is lacking with regard to the scenario and presentation of

the aliens who abduct and manipulate the patient in the abduction story.

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**********A**B**D**U**C**T**I**O**N****D**I**G**E**S**T**********
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Submissions UUCP {ncar,isis,boulder}!scicom!abduct
Submissions DOMAIN abduct@scicom.alphacdc.com
Admin Address abduct-request@shemtaia.weeg.uiowa.edu

**********A**B**D**U**C**T**I**O**N****D**I**G**E**S**T**********
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